



TREE REPLACEMENT PLAN

TREE PRUNING AND/OR REMOVAL ANNUAL WORK PLAN

Parcel ID

Date of Report

Property

Address

Lessee

Contractor

REQUIRED DOCUMENTATION
ATTACHMENTS TO APPLICATION

**ITEMS
ATTACHED**

**ITEMS 1 TO 3 REQUIRED
UPON SUBMISSION**

- | | | | |
|-----------|---|-----|----|
| 1. | SITE PLAN WITH PROPOSED LOCATION/S OF TREE/S | YES | NO |
| 2. | PLANTING DETAILS * | YES | NO |
| 3. | TREE MONITORING PROGRAM | YES | NO |

TREE MAINTENANCE
RESPONSIBLE PARTY

MAINTAINED BY

LESSEE

CONTRACTOR

Last Name

First Name

MI

Employer

Employee Title

Daytime Tel.

After Hours Tel.

- | | | | |
|-----------|--|-----|----|
| 4. | YEAR 0 REPORT (after tree planting is completed) ** | YES | NO |
| 5. | YEAR 1 TO 5 MAINTENANCE REPORT | | |

* Use DBH detail or submit your own.

** For required attachment items 4 and 5, use the [Tree Five-Year Maintenance Report](#) fillable form for annual maintenance reports for Year 0-5. You may use Year 0 Report on [page 3](#). Submit photos of trees and with respective dimensions, including: trunk diameter, width of tree canopy, height of tree.

TREE REPLACEMENT PLAN
SCOPE AND INFORMATION FOR REVIEW

**NO OF TREES
TO REPLACE**

For replacing more than 10
trees, attach separate listing.

NEW TREE *ssp.*

TO REPLACE *ssp.*

QUANTITY

CONTAINER SIZE

DIAM. (in.)

PROPOSED START DATE OF PLANTING

DURATION OF PLANTING

MAINTENANCE REPORT PREPARER
CONTACT INFORMATION

**AFFILIATION
WITH LESSEE**

Last Name

First Name

MI

Address

City

State

Zip Code

Daytime Tel.

After Hours Tel.

E-mail



FIVE-YEAR TREE MAINTENANCE REPORT

TREE PRUNING AND/OR REMOVAL

Date of Report **Tree ID Number** **Date when Tree was Planted**

Reports are due on or before the anniversary date of when the tree was first planted.

Reporting Year	YEAR 0	YEAR 1	YEAR 2
	YEAR 3	YEAR 4	YEAR 5

Parcel ID

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ANNUAL EVALUATION
TREE MAINTENANCE REPORT

NO OF IMAGES ATTACHED

TREE SPECIES Common or Scientific Name

DIMENSIONS Height (ft.) **Spread/Canopy (ft.)**

MATURE FOLIAGE Avg. length (in.) **Avg. width (in.)**

TREE TRUNK Diameter (in.) **DENSITY OF CANOPY**
(% visible thru foliage)

HEALTH STATUS INDICATORS	Current Status of Tree	HEALTHY	Color of Foliage	GREEN
		UNHEALTHY		BROWN
		DEAD		OTHER

SOIL MOISTURE Within 3 ft. from tree trunk WET MOIST DRY

PRESENT FEATURES **Tree Features** FLOWERS FRUITS

Other items found on tree BIRD NESTS PESTS/INSECTS
FUNGI/MUSHROOMS

COMMENTS/REMARKS

TREE MAINTENANCE
RESPONSIBLE PARTY

**MAINTAINED
BY**

LESSEE
CONTRACTOR

Last Name

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Daytime Tel.

After Hours Tel.

MAINTENANCE REPORT PREPARER
CONTACT INFORMATION

**AFFILIATION
WITH LESSEE**

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E-mail

FOR INTERNAL USE ONLY

ASSET MANAGEMENT DIVISION
VERIFY AND FLAG FOR ACCEPTANCE

**AMD AGENT
ACTION**

VERIFIED: FORWARD TO PLN
HOLD: CONTACT APPLICANT

Agent Comments

**Verified
Action Date**

**Verified
by Agent**

PLANNING DIVISION
FINALIZE OR FLAG FOR FOLLOW-UP

**PLN SPEC
ACTION**

FINALIZED: RETURN TO AGENT
FLAGGED: INSTRUCT AGENT

Planner Comments

**Finalized
Action Date**

**Finalized
by Planner**